

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE AND GUARDIANSHIP DIVISION**

IN RE: GUARDIANSHIP OF _____

File No.: _____

Division: _____

**PHYSICIAN'S REPORT
(Required by Florida Statutes, Section 744.3675)**

1. Name of Physician: _____
Address: _____

2. Name of ward: _____

3. Date of examination: _____

4. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)

5. Description of ward's capacity to live independently:

6. The ward (does) (does not) continue to need the assistance of a guardian.

7. Is the ward capable of being restored to capacity at this time? (Yes) (No)

8. Date of this report: _____

9. Signature of physician completing this report: _____